

Courtesy of

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Counselling, Psychotherapy & Coaching

Scaling my _____

(e.g. anxiety, depression, suicidality, eating disorder urges, happiness)

Fill this scale in on a daily basis in order to track the severity of your situation and to determine if you are making progress.

0 (e.g. the absolute worst the situation could be....)

1

2

3

4

5

6

7

8

9

10 (e.g. the absolute best the situation could be...)